

**California Department of Social Services (CDSS) and
California Department of Health Care Services (CDHCS)
Fraud Detection and Prevention Efforts
In the In-Home Supportive Services (IHSS) Program**

May 4, 2010

QA Initiative: In 2004, Senate Bill 1104 was enacted as part of Governor's 2004/05 State Budget. The bill mandated a number of activities for CDSS, counties, and CDHCS to improve the quality of IHSS. The provisions of the bill were implemented over a multi-year process.

- **Key Provisions:**

- Ongoing Statewide Social Worker Training
- State oversight and monitoring of county QA activities.
- Establishment of Hourly Task Guidelines (HTGs) with exception criteria to promote accurate and consistent assessments by ensuring uniformity in a manner in which social workers are provided with a tool to conduct assessments and service authorizations.
- Fraud prevention and detection activities that include collaboration among agencies to prevent/detect fraud and to maximize recovery of overpayments
- Annual Error-Rate studies and data match activities

CDSS QA

- CDSS implemented the IHSS social Worker Training Academy in 2005. The Academy includes six courses covering the hourly task guidelines, elements of assessment and authorization of tasks and hours, medical implications, children and quality assurance.

To date, the Academy has conducted over 830 classes and trained over 17,000 participants.

- In 2006, CDSS developed the Hourly Task Guidelines to promote accurate and uniform assessments and authorization of tasks and hours by social workers. Implemented over two years, annual evaluations of the implementation have demonstrated their efficacy in improving consistency and uniformity across the state.
- Counties provide monitoring activities. Activities include routine and targeted reviews, data matches and error rate studies, home visits to verify services, joint case reviews and fraud prevention and referral.
- CDSS conducts State Monitoring visits to counties to verify receipt of services, "red flag" indicators of possible fraud (providers working 300+ hours, providers who are also recipients, etc.). Findings are then reported to county staff to review and/or correct. Resolution of these findings is reported back to CDSS via a quarterly report.

To date, county IHSS staff has conducted over 78,000 desk reviews and state monitoring staff has conducted approximately 11,000 desk reviews (14%).

- State Monitoring teams observe that county quality assurance staff conduct home visits to ensure accurate needs assessments and the receipt of services. Any suspicious activity discovered is then dealt with at the county level and the resolution is reported back to CDSS via the quarterly report.

To date, County IHSS staff has completed over 15,000 home visits and State Monitoring staff has conducted over 327 home visits (2%).

- CDSS uses a quarterly Death Match report provided by the State Controller, which identifies recipients and providers who are reportedly deceased. If a recipient shows up on the file and warrants have been issued to a provider, the counties are required to investigate and report their findings to CDSS.

To date, we have completed 16 quarterly death matches.

- State Quality Assurance staff conduct error rate studies (i.e., payments to out-of-state providers, more than five day hospital stays, etc.) to estimate the extent of payment and service authorization error and potential fraud in the provision of IHSS. The findings are then used to prioritize and direct State and county fraud detection and quality improvement efforts.

To date, we have conducted four error rate studies. The current study, which is in progress, identified potential overpayments to providers during recipient hospitalizations.

- CDSS will continue to assist counties in coordinating their anti-fraud efforts and the website maintains links to CDHCS IHSS Fraud hotline and the Medi-Cal Beneficiary Fraud and Abuse hotline and the Social Security Administration Office of the Inspector General hotline.
- **Counties are referring suspected cases of fraud to CDHCS. To date they have referred over 2,300 suspected cases.**

CDSS Fraud Prevention

Anti-Fraud Initiative: In 2009, Senate Bill 4X4 and 4X 19 were enacted as part of Governor's 2009/10 State Budget. The bills mandated a number of activities for CDSS, counties, and CDHCS to improve detection, referral, investigation and prosecution of fraud in the IHSS program and communication and collaboration between state and county agencies.

- In October 2009, CDSS issued funding to counties for 78 positions dedicated to enhancing fraud detection.
- CDSS issued a total of \$26,311,134 in County Fraud Plan funding to 45 counties. The funds were released in two phases. The first funding was released in December 2009 to 29 counties and the second in March 2010 to the remaining 16 counties. The funds are intended to support counties in enhancing program integrity activities through improved fraud detection, referral and investigation activities to support timely mitigation and, when appropriate, prosecution.
- The initial (FY 2009-10) funding will enable the 45 counties to develop the infrastructure necessary to support future fraud prevention operation. Activities include, but are not limited to, hiring fraud investigators and staff in county welfare and district attorney offices, creating multi-jurisdictional task forces, developing information systems for data collection, performing data analysis, conducting outreach and education programs targeting social workers, law enforcement and community services, and purchasing operating equipment.
- Counties receiving fraud plan funding are required to submit an annual report on their anti-fraud activities. The first report is due on August 1, 2010.
- CDSS convened the IHSS Program Integrity and Fraud Prevention Stakeholder Workgroup comprised of representatives from the county welfare departments, investigators, district attorneys, public authorities, and other state partners including CDHCS and the Department of Justice, Bureau of Medi-Cal Fraud. The purpose of the group is to clarify state and county roles and responsibilities and develop protocols to guide state and county activities including targeted mailings, unannounced home visits, and county anti-fraud training required pursuant W&I.

Two stakeholder workgroup meetings have been conducted (March 22 and April 26, 2010) and a third is scheduled on May 6, 2010.

- The stakeholder workgroup process provides for public input through a series of public meetings. The public meetings will be conducted to share initial recommendations and garner input which will be addressed in the final recommendations and protocols. At that time, the public will also be provided an opportunity to provide input on the final recommendations and protocols.

The first public meeting was conducted via teleconference on March 17, 2010 and over 200 members of the public participated. The next meeting is tentatively planned in June 2010.